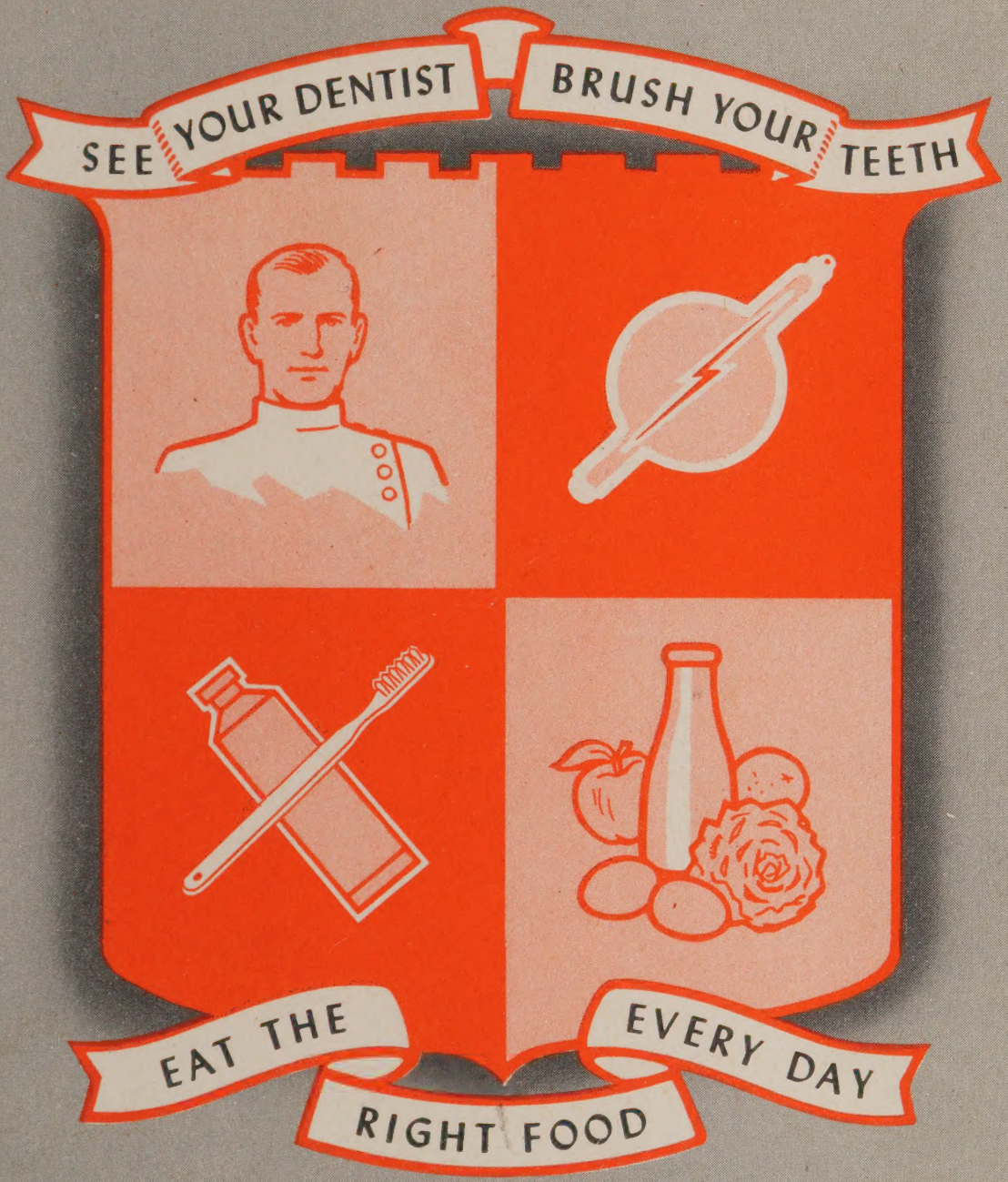
Good Teeth



METROPOLITAN LIFE INSURANCE COMPANY
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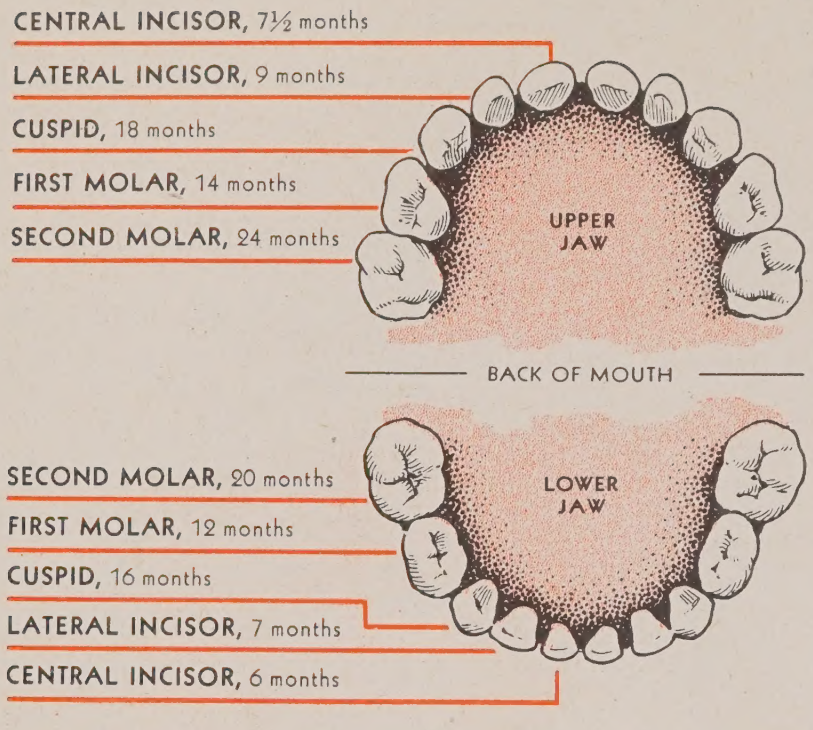
A FULL SET OF DECIDUOUS TEETH

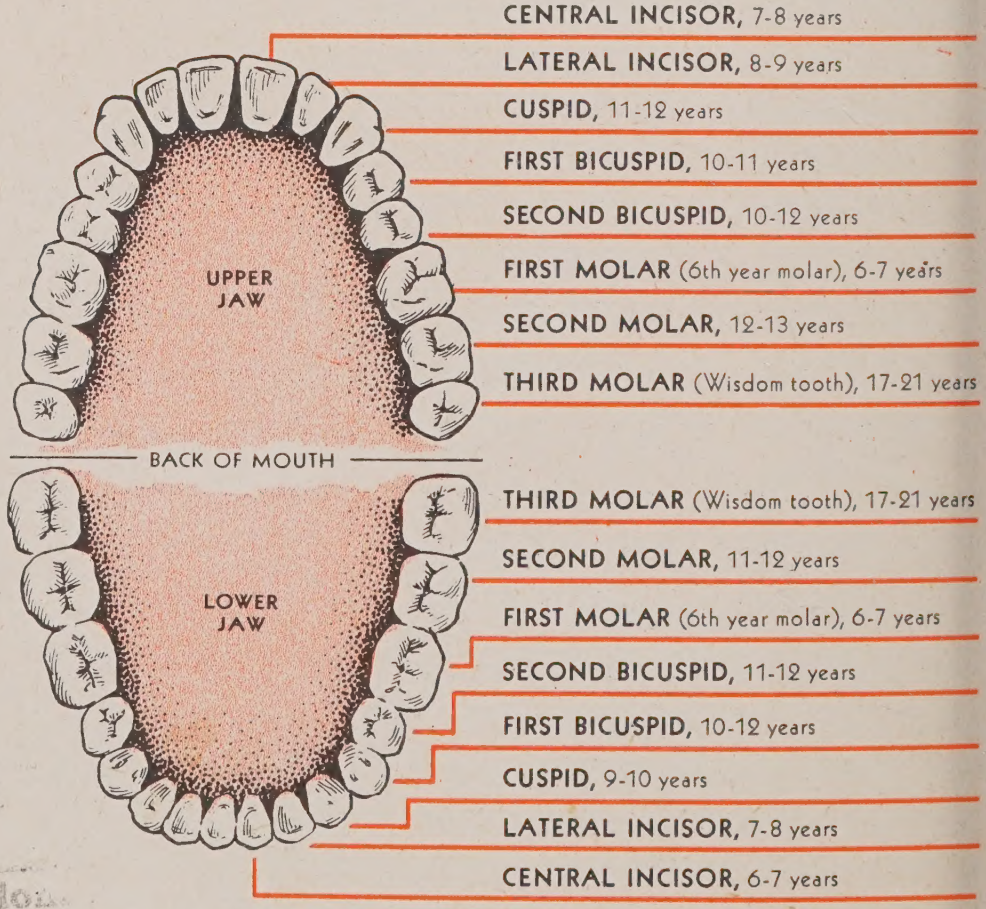
With approximate ages at which eruption occurs.

Normally eruption may occur a little earlier or a little later than at the ages given.



A FULL SET OF PERMANENT TEETH

With approximate ages at which eruption occurs.


CENTRAL INCISOR, 7-8 years
LATERAL INCISOR, 8-9 years
CUSPID, 11-12 years
FIRST BICUSPID, 10-11 years
SECOND BICUSPID, 10-12 years
FIRST MOLAR (6th year molar), 6-7 years
SECOND MOLAR, 12-13 years
THIRD MOLAR (Wisdom tooth), 17-21 years
UPPER JAW
BACK OF MOUTH
THIRD MOLAR (Wisdom tooth), 17-21 years
SECOND MOLAR, 11-12 years
FIRST MOLAR (6th year molar), 6-7 years
SECOND BICUSPID, 11-12 years
FIRST BICUSPID, 10-12 years
CUSPID, 9-10 years
LATERAL INCISOR, 7-8 years
CENTRAL INCISOR, 6-7 years
LOWER JAW

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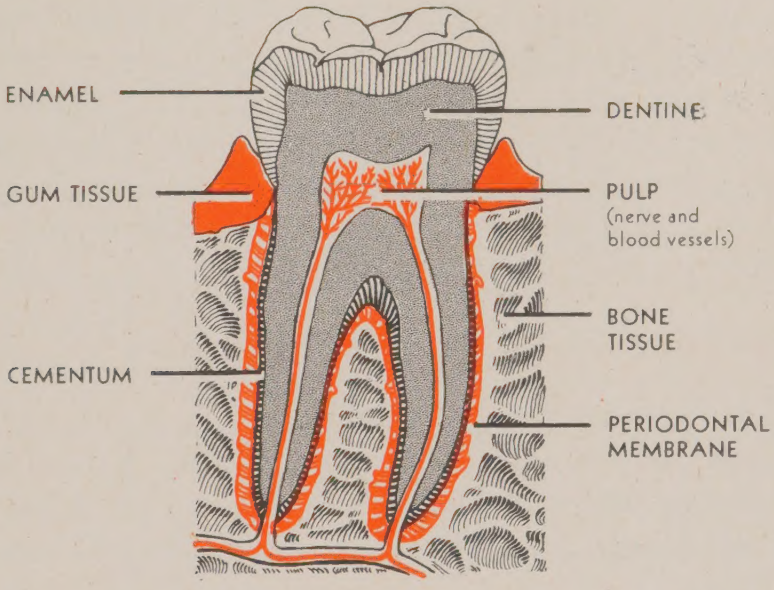
Good Teeth make a big contribution to health and good looks. The body takes care of the building of teeth, but we must provide the materials required and arrange for proper upkeep.

The work of the teeth is to chew solid food and mix it with saliva so that it can be swallowed easily and digested properly. Unless this job is well performed the health of the whole body may suffer.



TOOTH BUILDING

Each tooth is perfectly designed for the work it has to do (see above). The crown is covered with *enamel*, the hardest material in the body, and the roots are covered with a thin layer of bonelike material called *cementum*. A softer substance called *dentine* lies underneath these outer coverings. Enclosed within the dentine is a hollow space called the *pulp chamber*, which contains blood vessels, nerves, and the spongy substance which surrounds them. The blood vessels and nerves enter the tooth through a narrow canal which runs from the pulp chamber to an opening at the tip of each root. The blood brings food for the tooth, and the nerves carry messages of pain in case of infection or injury.

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The small jaw of a child is not big enough to hold the teeth which he will need when he is older. Therefore he is provided with a set of 20 deciduous, or baby, teeth to chew with and to encourage his jaws to grow until they are large enough to hold the 32 larger and stronger teeth of the permanent set (see inside front cover).

✦ The Sixth-Year Permanent Molars

A child begins to lose his first teeth when he is about 6 years old, and four permanent teeth appear at about the same time. These are the first permanent molars, or grinders, usually known as the sixth-year molars. They do not replace baby teeth, but come in just back of the last baby molars. The sixth-year molars are the largest and most important teeth in the lifetime set. They do the heavy work of chewing while the baby molars are falling out and the permanent ones are coming in. They act also as corner posts to hold the permanent teeth in line as, one by one, they take their places in the dental arch. It is particularly important for children to be under a dentist's supervision when the sixth-year molars are coming in, so that weak spots or surface cracks in the enamel can be discovered and repaired at the earliest possible moment.

THE SPECIFICATIONS FOR GOOD TEETH

Strong, even teeth in a healthy mouth depend largely upon good general health, upon foods which give the teeth the building materials they need, upon skilled dental care, and upon cleanliness. Heredity and other influences, the extent of which are unknown, may also affect the teeth.

✦ Food

Teeth, like any other part of the body, depend for their nourishment upon food. Teeth especially require adequate amounts of the substances used in their construction—calcium, phosphorus, and vitamins A, C, and D. A diet which includes adequate amounts of milk, eggs, meat, fruits, vegetables, cereal products, butter, and fish-liver oils will supply the materials needed for good teeth as well as for general good health and growth.

As the crowns of the baby teeth are practically completed before birth, the mother's diet must provide the necessary materials during this period. After the child is born, protection of the baby teeth and the final structure of the permanent teeth make it equally important that the foods eaten during childhood continue to supply all the

building materials in generous amounts. The quantity and kind of food which will provide all the food materials needed by children and adults for the good health, growth, and repair of the whole body —of which the teeth are a part—are briefly outlined below.

An excess of sweet foods should be avoided, since they seem to encourage the growth of acid-forming bacteria which attack the enamel. Sweet foods also tend to satisfy the appetite too quickly and

DAILY FOOD NEEDS

Food	Child (preschool through adolescence)	Adult	Woman (pregnant and nursing)
Milk	¾–1 quart	1 pint	1 quart (pregnant) 1½ quarts (nursing)
Eggs	1 (at least 3–4 during week)	1 (at least 3 during week)	1
Citrus fruit (oranges, grapefruit), or tomatoes, fresh or canned	1 serving	1 serving	2 servings
Other fruit, fresh, dried, or canned	1 serving	1 serving	1 or 2 servings
Potato (white or sweet)	1 serving	1 serving	1 or 2 servings
Green-leaf vegetable (cooked)	3–4 times during week	3–4 times during week	3–4 times during week
Other vegetables (sometimes raw)	1 serving	1 serving	1 serving
Meat, poultry, or fish	1 serving	1 serving	At least 1 serving
Cheese, dried beans or peas (used for main dish)	1–2 times during week	1–2 times during week	1–2 times during week
Cereal, whole-grain or enriched	At least 1 serving	1 serving	1–2 servings
Bread, whole-grain or enriched	At least 1 slice at each meal	1–6 slices	3–6 slices
Butter, vitamin-A margarine, and other fats	On bread, vegetables, and moderate amounts in cooking	On bread, vegetables, and moderate amounts in cooking	On bread, vegetables, and moderate amounts in cooking
Water	3–4 glasses	4–6 glasses	4–8 glasses
Fish-liver oils	1–2 teaspoons through 2 years—desirable through adolescence		1–2 teaspoons

interfere with eating enough of more essential foods. Sweets should be used only in small amounts to give flavor to other foods, and preferably not between meals, but as desserts after meals.

✦ Dental Care

Teeth must be taken care of properly and repaired when necessary if they are to do good work and escape early loss. No one is capable of caring for the teeth properly without the help of a dentist.

Costly and painful repair work, the loss of permanent teeth, and serious root abscesses may be avoided by going to the dentist every six months or at such intervals as he may find necessary. The dentist will remove decayed areas before they have a chance to spread widely, and will close the cavities with permanent fillings. It is most desirable to introduce a child to the family dentist before little, if any, work needs to be done, so that the dentist can win the child's confidence and cooperation.

✦ Cleanliness

Millions of bacteria are present even in a clean, healthy mouth. Most of these bacteria are harmless. But some kinds act upon bits of food caught between and around the teeth, and upon gummy patches at their necks, to form acids which eat through the protective enamel covering. It is only through breaks in the enamel that the bacteria which cause tooth decay can get into the tooth. The object

EVERYONE SHOULD

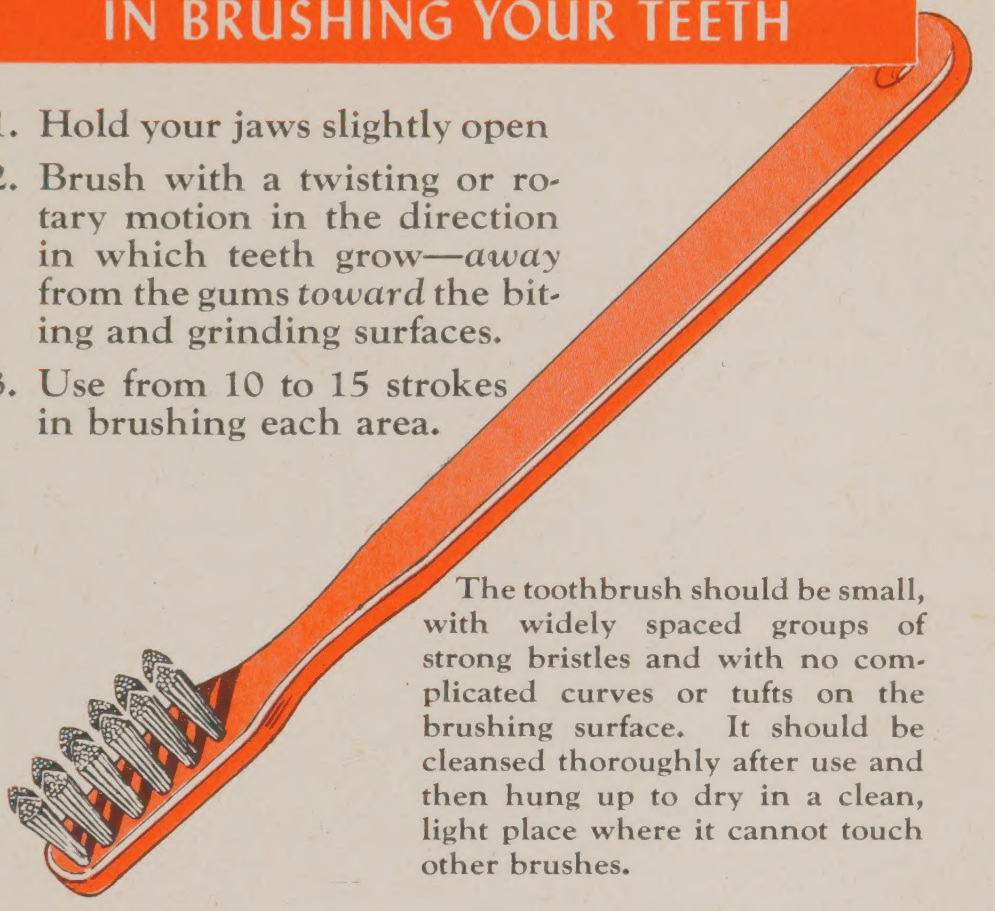
Begin going to the dentist at about the age of 2½ or 3 years.

Have a dental examination and a prophylactic cleansing twice a year, or as often as the dentist thinks necessary.

Have all needed repairs made promptly by one's own dentist or in a dental clinic.

IN BRUSHING YOUR TEETH

1. Hold your jaws slightly open
2. Brush with a twisting or rotary motion in the direction in which teeth grow—*away* from the gums *toward* the biting and grinding surfaces.
3. Use from 10 to 15 strokes in brushing each area.



The toothbrush should be small, with widely spaced groups of strong bristles and with no complicated curves or tufts on the brushing surface. It should be cleansed thoroughly after use and then hung up to dry in a clean, light place where it cannot touch other brushes.

of brushing the teeth is to dislodge bits of food from between the teeth and to break up the gummy patches which furnish feeding grounds for acid-forming bacteria. The teeth should be brushed after each meal, if possible, and always before going to bed.

A number of toothpastes and powders have been carefully examined by the Council on Dental Therapeutics of the American Dental Association, and bear its seal of acceptance. A strong water solution of table salt (one spoonful) and baking soda (three spoonfuls) can be used if commercial dentifrices are not available.

The baby's teeth may be kept clean by wiping them with a clean cloth moistened with a solution of bicarbonate of soda and boiled water. As soon as the child is old enough, he should be taught to use a toothbrush.

WHEN A TOOTH IS IN TROUBLE— SEE YOUR DENTIST

✦ Dental Caries

The agents of tooth decay (dental caries) are bacteria which get inside the tooth through breaks in the enamel caused by faulty structure or the action of acid-forming bacteria. Even when the break is no bigger than a pinprick, large numbers of bacteria can easily go through it. Once inside the tooth, the bacteria multiply rapidly and spread decay inward toward the pulp chamber where the nerves and blood vessels are located. If the decay is not checked in time by a dentist the tooth usually begins to ache. Further delay in obtaining dental treatment may result in the loss of the tooth.

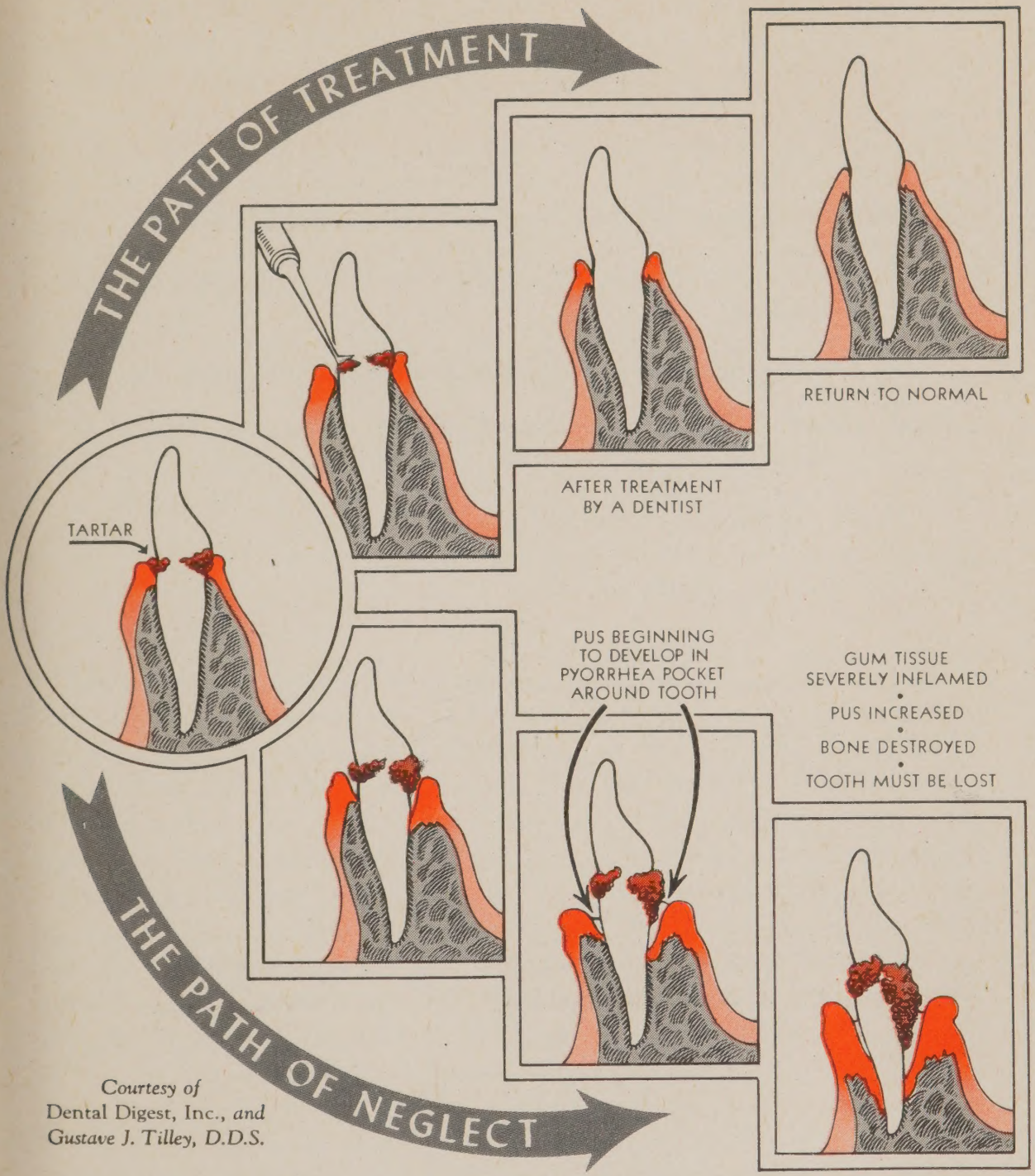
✦ Root Abscess

Infection in the pulp chamber may travel down through the root canal and form an abscess at the end of the root. The abscess may push through the jawbone and gum to form a gumboil, or it may cause a large and painful swelling of the face. Sometimes an abscess develops at the roots of a tooth without causing pain or swelling. From this hidden focus of infection, bacteria or their poisons may be carried by the blood stream to other parts of the body. In any condition, such as arthritis or neuritis, which may be due to abscessed teeth, the physician usually wishes to have the teeth X-rayed and examined by a competent dentist.

✦ Impacted Teeth

Impacted teeth are usually third molars (wisdom teeth) which remain imbedded in the jaws or come only part way through. They may cause a number of disturbances—neuralgic pains, chiefly—if the teeth are entirely below the gums; or painful swellings of the back of the mouth, if they are partly erupted. X-ray pictures are invaluable in locating impacted teeth and in determining what treatment is necessary for them.

HOW A TOOTH DECAYS



Courtesy of
Dental Digest, Inc., *and*
Gustave J. Tilley, D.D.S.

✦ Gingivitis and Pyorrhea

Pyorrhea is caused by germs which attack the periodontal membrane—that is, the elastic tissue connecting the roots of the teeth with their bony sockets. If not checked it spreads to the tooth sockets, and the teeth become loosened and finally lost.

The development of pyorrhea is favored by an inflammation of the gums called gingivitis. The first indication of gingivitis is a

TO PREVENT GINGIVITIS

1. **Have a prophylactic cleansing at least twice a year.**
2. **Keep your teeth and gums healthy by proper brushing.**
3. **Eat enough of the right kinds of food (see page 5).**
4. **Have defective fillings or bridges repaired promptly.**
5. **Do whatever else your dentist advises.**

tendency of the gums to bleed easily. It may be caused by a poor diet, by collections of the rough yellowish incrustations called tartar at the necks of the teeth, by the persistent wedging of food in particular crevices between the teeth (especially those which are out of line), or by dental fillings, crowns, and bridges which irritate the gums. If the inflammation is neglected, it penetrates deeper into the tissues, becomes chronic, and provides a fertile field for the growth of the pus-producing germs responsible for pyorrhea.

Active pyorrhea can be checked successfully by a dentist if it has not progressed too far, but some permanent damage to the tissues will result in almost every case. That is why prevention is doubly important.

IRREGULAR TEETH

An unshapely jaw and irregular teeth may affect health and social and business success in a number of ways:

A narrow upper jaw with protruding teeth or a receding lower one may spoil a person's looks and thus interfere with his normal, happy adjustment to life.

Upper and lower teeth which do not occlude, or come together, properly (malocclusion) interfere with digestion by making adequate chewing impossible.

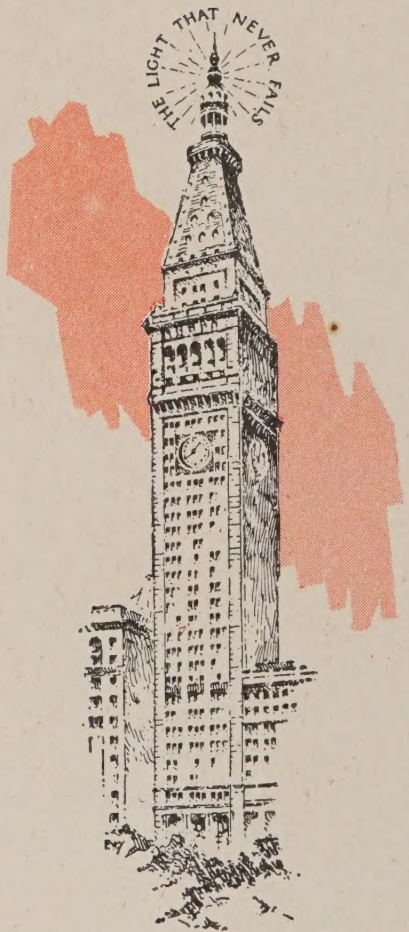
Teeth which are out of line favor tooth decay and gingivitis by interfering with proper function and proper cleansing.

Heredity plays an important part in determining the size and shape of the jaw, which in turn may influence the size, shape, and position of the teeth and the relation of one jaw to the other. One often hears of a certain type of jaw as "running in the family." But the conditions under which the jaws develop and the teeth erupt play an even more important part. Bad influences on young, growing jaws and teeth include:

1. A lack of the foods needed for building bones and teeth and exercising the jaw muscles.
2. Prolonged thumb sucking; biting the tongue, lips, or cheeks; and mouth breathing which is frequently due to blocking of the nose by enlarged tonsils and adenoids.
3. Habitually lying face downward or always on one side while sleeping, or leaning one side of the lower jaw on the hand while sitting.
4. Improper care of baby teeth.
5. Losing baby teeth too soon or keeping them too long, which often results in irregular line-up of the permanent teeth.

Watchful care on the part of parents and physician and early supervision by a dentist will help to prevent or remedy conditions which may be responsible for uneven bite (malocclusion) and irregular teeth. Besides checking faulty habits and giving needed dental care, the dentist may suggest exercises or other things the child himself may do to encourage normal jaw development. If necessary, the dentist may advise taking the child to an orthodontist —that is, a specialist in preventing and correcting malocclusion and irregularities of the teeth. The corrections may take some time and cause some inconvenience, but they are well worth while, because they will eventually give the child a normal chewing surface and at the same time greatly improve his appearance.

Statements in this booklet have been accepted by the Committee on Public Health and Education of the American Dental Association.



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